AFTER ACTION REPORT FUNERAL DETAIL	NAME OF DECEASED			DATE
TO:		FROM:		
1. FOR THE PURPOSE OF CONDUCTING A MILITARY FUNERAL, A DETAIL REPORTED AS INDICATED BELOW:				
A. NAME OF UNIT FURNISHING DETAIL		B. DETAIL WAS COMPO	OSED OF Firing Squad	Buglar
C. DATE D. TIME E. REPORTED TO (Name)			F. LOCATION	
2. OVERALL APPEARANCE OF TROOPS.	-			
☐ Excellent ☐ Above Average ☐ Satisfactory ☐ Unsatisfactory				
3. PERFORMANCE OF DETAIL AT CHAPEL AND BURIAL SITE.				
A. SIZING AND DRESS Exceller	nt Abov	ve Average	Satisfactory	Unsatisfactory
B. MANUAL OF ARMS	=	/e Average	Satisfactory	Unsatisfactory
C. MARCHING Exceller		/e Average	Satisfactory	Unsatisfactory
D. UNIFORMITY Exceller		/e Average	Satisfactory	Unsatisfactory
E. TIMING Exceller		ve Average	Satisfactory	Unsatisfactory
F. CORRECT PROCEDURE	_	/e Average	Satisfactory	Unsatisfactory
G. LEVEL CASKET	_	/e Average	Satisfactory	Unsatisfactory
H. POSITION Exceller		/e Average	Satisfactory	Unsatisfactory
I. SIMULTANEOUS FIRING Exceller	-=	ve Average	Satisfactory	Unsatisfactory
J. FLAG FOLDING Exceller	nt Abov	/e Average	Satisfactory	Unsatisfactory
4. PUNCTUALITY OF DETAIL:				
A. FUNERAL SITE: B. BURIAL SITE:				
5. THE FOLLOWING PROBLEMS WERE ENCOUNTERED (Specify and explain.) (Continue on reverse side if necessary.)				
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6. SIGNIFICANT COMMENTS OR REMARKS OF THE CASUALTY ASSISTANCE OFFICER, FUNERAL DIRECTOR, OR NEXT OF KIN.				
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7. RECOMMENDATIONS FOR IMPROVEMENT (Continue on reverse side if necessary.)				
TVDED MAME	AND GRADE OF CAO	leich	NATURE	
CHECKLIST ATTACHED TYPED NAME	AITE GIVENE OF ONO			
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